

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13668

1. PLACE OF DEATH

50 County Jefferson Registration District No. H 70
 2 Township Waller Primary Registration District No. 307-12
 9 City Wentz (No. _____) St. _____ Ward _____

2. FULL NAME

Ella Goff Skinner

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1875
 7. AGE YEARS 58 MONTHS 1 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waller Miss.

13. NAME David D. Goff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Miss.

15. MAIDEN NAME Ella Goff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeff. Co. Miss.

17. INFORMANT (ADDRESS) Juan Skinner
Wentz Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn Cem. DATE April 24 1933

19. UNDERTAKER (ADDRESS) Donald B. DeWitt
Wentz Mo.

20. FILED 4/25 1933 B. L. Rausley Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1933 to April 22 1933
 I last saw her alive on April 21 1933. Death is said to have occurred on the date stated above, at 1 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Embolus Date of onset 4-20-33
108
91 A
87 B
 Other contributory causes of importance:
Acute Endocarditis 4-19-33
Pneumonia, bacterial 4-19-33

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Walter Gibson, M. D.
 (Address) Wentz Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 22 1933

2-25

APR 20 1942

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jefferson

Registration District No. 420

File No.

Township De Soto

Primary Registration District No. 3022

Registered No. 52

City De Soto (No.)

St. Ward

2. FULL NAME

Ella Goff Skinner

(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22 1933

22. I HEREBY CERTIFY, That I attended deceased from to

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Septic Endocarditis Date of onset

Other contributory causes of importance:

acute Endocarditis
Arteriosclerosis
Gobar

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stallin Libon M. D.

(Address) 21 1/2th mo

SUPPLEMENTARY 108

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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